

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29758

FILED OCT 10 1951

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY CHAITON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CHAITON

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) TIETJENS c. (Last) TIETJENS

4. DATE OF DEATH (Month) (Day) (Year) 9 30 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 10-14-1866 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) RETIRED FARMER 10b. KIND OF BUSINESS OR INDUSTRY L

11. BIRTHPLACE (State or foreign country) LYON IOWA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: TORGE TIETJENS 13b. MOTHER'S MAIDEN NAME CATHERINE TIETJENS 14. NAME OF HUSBAND OR WIFE WIDOWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CARL WOLF BRUNSWICK MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA (HYPOSTATIC) (b) GLOMERULO NEPHRITIS (CHRONIC) (c) HYPERTENSION IDIOPATHIC

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 592X 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 1, 1951, to SEPT 30, 1951, that I last saw the deceased alive on SEPT 29, 1951, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth L. Roumanceau D.O. 23b. ADDRESS 23c. DATE SIGNED 10-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10-2-1951 24c. NAME OF CEMETERY OR CREMATORY BERMAN CEMETERY 24d. LOCATION (City, town, or county) (State) BRUNSWICK (RURAL) MO

DATE REC'D BY LOCAL REG. 10-5-51 REGISTRAR'S SIGNATURE Mildred B. 56 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. W. K. Roumanceau

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-56-1779
Date Filed: OCT 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

L. W. Mausel

Signed.....

Student Embalmer

Licensed Embalmer No. 823

P. O. Address *Brunswick, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.